

INSTRUCTIONS FOR CORPORATIONS, PARTNERSHIPS, TRADE NAMES, NAME CHANGES, ETC.

The names of all corporations, partnerships, limited liability companies and trade names must receive prior approval from the Department of Financial Services for use in New York. Name changes for entities must also receive prior approval. The name must first be submitted to the Department for consideration, and either approval or disapproval will be forwarded in writing, along with the appropriate licensing application and/or instructions. After receiving Department approval, follow the instructions below and on the application.

PLEASE NOTE: THE LICENSEE CAN ONLY DO BUSINESS IN THE NAME IN WHICH HE/SHE OR IT IS LICENSED.

INDIVIDUAL TRADE NAMES

RESIDENTS - you must file with the County Clerk's Office in the county in which your business address is located. After filing, we require a copy of the Business Certificate from the County Clerk's Office.

NON-RESIDENTS – must be currently licensed and in compliance in your declared home state.

NOTE: Your license information **MUST** be included in the National Producer Database; if not, you must submit a currently dated Certification from the state you have declared as your home state and in which your principle place of business or residence is located.

ENTITY TRADE NAMES

RESIDENT AND NON-RESIDENTS - must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing the assumed name with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2nd Floor, Albany, New York 12231.

CORPORATIONS

RESIDENTS and NON-RESIDENTS – must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2nd Floor, Albany, New York 12231. We also require a copy of your Articles of Incorporation or Charter attached to your application.

NON-RESIDENTS - must be currently licensed in the corporate name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

INSTRUCTIONS FOR CORPORATIONS, PARTNERSHIPS, TRADE NAMES, NAME CHANGES, ETC. (CONT'D)

LIMITED LIABILITY COMPANIES

RESIDENTS AND NON-RESIDENTS must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2nd Floor, Albany, New York 12231. We also require a copy of your Articles of Organization attached to your application.

NON-RESIDENTS - must be currently licensed in the limited liability name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

PARTNERSHIPS

RESIDENTS - You must file with the County Clerk's Office in the county in which your business address is located. After filing, we require a copy of the Business Certificate from the County Clerk's Office.

NON-RESIDENTS – must be currently licensed in the partnership name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

LIMITED PARTNERSHIPS

RESIDENTS and NON-RESIDENTS – must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2nd Floor, Albany, New York 12231.

NON-RESIDENTS - must be currently licensed in the limited partnership name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

THE LICENSEE CAN ONLY DO BUSINESS IN THE NAME IN WHICH HE/SHE OR IT IS LICENSED.

NAME CHANGES FOR ENTITIES MUST INCLUDE AMENDED FILING RECEIPTS OR BUSINESS CERTIFICATES AND THE RETURN OF ALL LICENSES IN THE PREVIOUS NAME.



SERVICE CONTRACT REGISTRATION INSTRUCTIONS

- 1. Copy of entity's New York Department of State filing receipt, as required in Question #6.**
- 2. If an Administrator is designated, attach Administrator's Acknowledgement of Obligations, as required in Question #8.**
- 3. Child Support Form, if applicable, as required in Question #9.**
- 4. Any documentation required in Questions #10 and #11.**
- 5. Registration fee - the registration fee is for two years – March 1 to February 28 of odd years. The fee is \$500 for a registration issued in the first year of the two-year licensing period and \$250 for a registration issued in the second year. Check must be made payable to the Superintendent of Financial Services. (\$20.00 must be charged for each check dishonored by the bank)**

CHILD SUPPORT OBLIGATION FORM

Name of Entity on Application (Please Print)

Name of Individual (Please Print)

Date of Birth

Social Security Number

Are you under obligation to pay child support?

Yes No

If "yes," (a) Are you current or less than 4 months in arrears?

(b) Are you paying by income execution plan agreed to by courts or parties?

(c) Is the obligation subject of pending court proceeding?

(d) Are you receiving public assistance or supplemental security income?

If answer to the question regarding obligation to pay child support is "yes," one of the answers to a-d must be "yes" or license will expire six months from the effective date of this license unless you notify the Department by that time which answer has changed to "yes."

Persons four months in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver and/or recreational license and permits including but not limited to, licenses issued pursuant to §11-0713 of the Environmental Conservation Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

Under penalty of perjury, I affirm that I have read this form and affirm that the information given on this form is true and hereby subscribe thereto.

Signature

Date

This form may be reproduced

csoform2.doc

**ORIGINAL/RELICENSING
ENTITY FORM
NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES**
Attention: Licensing Bureau
 One Commerce Plaza
 Albany, New York 12257
**APPLICATION FOR SERVICE CONTRACT REGISTRATION UNDER
SECTION 7907 OF THE INSURANCE LAW**
 www.dfs.ny.gov

FOR DEPT USE ONLY

Registration No.....	
Ex. By.....	App. By.....
Issued.....	Expires.....
Original.....	Relicensing.....

1. Name of Applicant				
Entity Name in Full			Fed. Employer ID No.*	
Principal Business Address (Required)				
Street and Number (Required)			P.O. Box (if any)	
City, Town or Village	County	State	Zip Code	Telephone No.
Mailing Address (Required)(Indicate if Same as Business)				
Street and Number			P.O. Box (if any)	
City, Town or Village	County	State	Zip Code	

(If either address changes, this Department must be notified in writing immediately.)

2. Indicate if your entity is a _____ Corporation _____ Partnership* _____ Limited Liability Company
 *If Partnership – at least 2 partners/members are required

3. List executive officer and ALL officers responsible for service contract business and provide information request below.

(A) Name	Last	First	M. I.	Title	Social Security No.*	Date of Birth
Residence	Number and Street (Required)		P.O. Box (if any)	City	State	Zip Code
						Sex M ___ F ___
(B) Name	Last	First	M. I.	Title	Social Security No.*	Date of Birth
Residence	Number and Street (Required)		P.O. Box (if any)	City	State	Zip Code
						Sex M ___ F ___
(C) Name	Last	First	M. I.	Title	Social Security No.*	Date of Birth
Residence	Number and Street (Required)		P.O. Box (if any)	City	State	Zip Code
						Sex M ___ F ___
(D) Name	Last	First	M. I.	Title	Social Security No.*	Date of Birth
Residence	Number and Street (Required)		P.O. Box (if any)	City	State	Zip Code
						Sex M ___ F ___
(E) Name	Last	First	M. I.	Title	Social Security No.*	Date of Birth
Residence	Number and Street (Required)		P.O. Box (if any)	City	State	Zip Code
						Sex M ___ F ___

4. Is more than 50% of applicant’s revenue derived from the sale of service contracts?.....
 If “Yes,” provide the information in Question 5. Yes or No

Complete Question 5 ONLY if the answer to Question 4 is “Yes.”

5. Give full name and address of EACH officer and stockholder having beneficial ownership of 5% or more of any class of securities registered under the federal securities law and provide percentage of shares of stock owned by each.

(a) Name (Last, First, M.I.)		Percentage of Shares	Social Security No*	Date of Birth	Sex M__ F__
Residence: Number and Street (Required) P. O. Box (If any)		City	State	Zip Code	Title
(b) Name (Last, First, M.I.)		Percentage of Shares	Social Security No*	Date of Birth	Sex M__ F__
Residence: Number and Street (Required) P. O. Box (If any)		City	State	Zip Code	Title
(c) Name (Last, First, M.I.)		Percentage of Shares	Social Security No*	Date of Birth	Sex M__ F__
Residence: Number and Street (Required) P. O. Box (If any)		City	State	Zip Code	Title
(d) Name (Last, First, M.I.)		Percentage of Shares	Social Security No*	Date of Birth	Sex M__ F__
Residence: Number and Street (Required) P. O. Box (If any)		City	State	Zip Code	Title

6. If **corporate** applicant - attach a copy of its Charter or Certificate of Incorporation which confers upon it the right to act as a Service Contract Provider; also attach a copy of the corporation’s Department of State filing receipt, unless previously submitted.
 If **partnership** applicant – attach a copy of its Business Certificate from the County Clerk’s Office in which the business address is located, unless previously submitted.
 If **limited liability company** applicant – attach a copy of its Articles of Organization. Also attach a copy of the Department of State filing receipt, unless previously submitted.
7. Applicant agrees that any action or proceeding brought against it in the State of New York for or on account of any act or transaction made in connection with its service contract business may be served upon (check one box):
- A. If applicant’s principal business address is **not** in New York, serve applicant at the following **New York** address:

Name of Applicant

Attention: _____

Number and Street

City State Zip Code

- B. Agent for service of process at the following **New York** address:

Name of Agent for Service of Process

Attention: _____

Number and Street

City State Zip Code

8. Have you designated an administrator to be responsible for administration of New York service contracts?.....
Yes or No

If “Yes,” for each administrator designated by the provider to be responsible for the administration of service contracts in this state, attach a signed “Designated Administrator Acknowledgment of Obligations” (a copy of the form is enclosed).

List the names of the administrators designated and attach the completed acknowledgment forms.

9. Are any of the individuals named in 3 or 5 under obligation to pay child support?
 If "Yes," attach signed child support obligation form for each individual under such obligation. Yes or No
10. If any of the following questions are answered "YES," an explanation must be attached.
- Other than traffic violations:
- (a) Has the business entity or any officer/owner named in 3 or 5 ever been convicted of a crime, had a judgment withheld or deferred, or is the business entity or any officer/owner named in 3 or 5 currently charged with committing a crime?.....
Yes or No
- "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.
- (b) Has the business entity or any officer/owner named in 3 or 5 ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?.....
Yes or No
- "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license or registration. "Involved" also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
- (c) Has any demand been made or judgment rendered against the business entity or any officer/owner named in 3 or 5 for overdue monies by an insurer, insured or producer, or ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others.....
Yes or No
- (d) Has the business entity or any officer/owner named in 3 or 5 ever been notified by any jurisdiction to which the business entity is applying of any delinquent tax obligation that is not the subject of a repayment agreement?.....
Yes or No
- If you answer yes, identify the jurisdiction(s): _____
- (e) Is the business entity or any officer/owner named in 3 or 5 a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?.....
Yes or No
- (f) Has the business entity or any officer/owner named in 3 or 5 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?.....
Yes or No
11. Section 7903 and Part 390.8 of Regulation 155 state that service contract providers must provide proof of financial responsibility in order to do business in New York State.
- (a) How many different service contract programs are being offered?

- (b) Will a service contract reimbursement insurance policy(ies) be issued by an insurer authorized to write such insurance in this State to insure the obligations as stated in the service contract?.....
Yes or No
- If "Yes," provide a copy of the Declaration page(s) or certificate(s) of insurance issued by the carrier as required by Section 390.8 of Regulation 155, (a copy of which is enclosed).
- Will the subject service contract reimbursement policy(ies) be insuring the obligations of ALL service contracts sold in New York State?.....
Yes or No

11 (Contd.)

If 11(b) is "No," which ONE of the two remaining proofs of financial responsibility will the applicant be using? ****NOTE** - Compliance with Regulation 155 (Part 390.12) regarding DEFAULT CONTINGENCY PLAN AGREEMENTS – is required.** Please refer to the attachment of said Part for compliance requirements.

- (c) Funded Reserve Account containing reserves of not less than 40% of the gross consideration received upon the sale of, less claims paid under, all its service contracts then in force, but not less than zero. (Provide the name of the Bank, the address of the Bank branch in which the account is located, the name and number of the account and, if held in trust or in a custodial account, the name and Address of the trustee custodian.)
AND

Financial Security Deposit with the Superintendent having a value of not less than 5% of the gross consideration received upon the sale of, less claims paid under, all service contracts issued and then in force, but not less than fifty thousand dollars, consisting of one or more of the following:

1. Surety bond issued by an authorized surety
2. Securities of the type eligible for deposit by authorized insurers in this state.
3. Cash
4. Letter of Credit issued by a qualified United States financial institution.

- (d) Maintain a net worth or stockholders' equity of at least one hundred million dollars
AND

Provide the Superintendent a copy of financial statements of the provider to document that this requirement is being met as specified in Section 7903(c)(3).

12. RELICENSING APPLICANTS MUST ANSWER THIS QUESTION.

Since expiration of its last authority, has this entity transacted business in New York State for the license being applied for in this application?.....

Yes or No

Applicant Certification and Attestation

The undersigned Officer(s)/Director(s)/Partner(s)/Member(s)/Manager(s) hereby certifies, under penalty of perjury that:

- ◆ All of the information submitted in this application and attachments is true and complete and (I am) or (We are) aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me/us and the business entity to civil or criminal penalties.
- ◆ Where required by law, the business entity hereby designates the Commissioner, Director, or Superintendent of Financial Services, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director, or Superintendent of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- ◆ The business entity grants permission to the Commissioner, Director, or Superintendent of Financial Services in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- ◆ The jurisdictions are hereby authorized to give any information they may have concerning (me) or (us) to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and the jurisdictions and any person acting on their behalf are hereby released from any and all liability of whatever nature by reason of furnishing such information.
- ◆ It is acknowledged that (I) or (We) understand and comply with the insurance laws and regulations of the jurisdictions to which is being applied for licensure/registration.

THIS APPLICATION MUST BE VERIFIED AND SIGNED BY ALL INDIVIDUALS NAMED IN QUESTION 3

Date: _____

Name of Entity

Telephone No: _____

Signature of officers/directors/partners/members/managers

E-Mail Address: _____

Signature of officers/directors/partners/members/managers

URL WebSite: _____

Signature of officers/directors/partners/members/managers

Signature of officers/directors/partners/members/managers

Signature of officers/directors/partners/members/managers

*** CHILD SUPPORT NOTIFICATION ***

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to §11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

*** PRIVACY NOTIFICATION ***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Department of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.

**DESIGNATED ADMINISTRATOR
ACKNOWLEDGMENT OF OBLIGATIONS**

Name of Administrator

Number and Street

City State Zip Code

Telephone Number

has been designated by _____
Service Contract Provider

as administrator of its service contracts. I have familiarized myself with Article 79 of the New York Insurance Law and Regulation 155 (11 NYCRR 390) and will fulfill my obligations as administrator.

Signature of Responsible Person

Print or type name of person who signed above

§ 390.8 Filing of evidence of service contract reimbursement insurance policy.

A service contract provider that elects to meet the requirements of section 7903(c)(1) of the Insurance Law as the means to assure the faithful performance of its obligations under service contracts outstanding in this state shall provide the superintendent with evidence that appropriate coverage is in effect, in the form of a certificate from an insurer authorized to write service contract reimbursement insurance in New York. The certificate shall be provided at the time of initial application for registration as a service provider, at the time of renewal, and at the time of any changes to the policy of the items specified in this section, other than the dates of the policy. The certificate shall specify:

- (a) The name of the insurer;
- (b) The name of the insured;
- (c) Which service contracts are covered by the policy;
- (d) The effective dates of the policy;
- (e) The applicable policy limits, if any;
- (f) The applicable deductibles, if any;
- (g) That the insurance policy provides for direct coverage to the covered contract holders if the provider fails to pay or provide service on a claim within 60 days after proof of loss has been filed with the provider;
- (h) That the termination of the insurance policy shall not affect or reduce the insurer's obligations to, or responsibility for, direct coverage to contract holders whose service contracts were made during the term of the policy and were covered under the policy;
- (i) That the insurance policy provides that the revocation, or other termination of the provider's registration, for any reason, shall be construed to be a default by the provider and that the insurer will provide for direct coverage to the covered contract holders without having to wait 60 days;
- (j) That the insurance policy provides that the suspension of the provider's registration for more than 60 days shall be construed to be a default by the provider and that the insurer will provide for direct coverage to the covered contract holders without having to wait 60 days, until such time as the provider is permitted to resume business; and
- (k) That the coverage provided under the policy conforms with all of the requirements of article 79 of the Insurance Law and this Part.

§ 390.12 Default contingency plan agreements.

Every application for approval of registration as a provider under section 7907 of the Insurance Law, wherein the provider has elected to assure its obligations to contract holders by a funded reserve account and financial security or by net worth qualification, shall include a form of default contingency plan agreement that provides:

- (a) For the appointment of a claims trustee that is acceptable to the superintendent and who is registered as a provider, in the event of a provider's default in performance as specified in sections 390.10(e) and 390.11(c) of this Part;
- (b) That the appointment shall be made within 15 days of the provider's default;
- (c) That the superintendent may make the appointment in the event the provider fails to make an appointment within the time specified by subdivision (b) of this section or if the appointed trustee fails to serve or resigns;
- (d) For the trustee to administer all claims outstanding and which may arise after the provider's default;
- (e) For the trustee to receive from the superintendent the funded reserve account, any securities deposited with the superintendent as financial security, and, in the case of a provider that met the net worth qualification, all funds that said provider shall have allocated upon its books of account to obligations to contract holders arising from service contracts marketed, issued, sold or offered for sale, made or offered to be made, or administered in this State on and after January 15, 1998;
- (f) For the trustee to apply all funds received pursuant to subdivision (e) of this section exclusively to the payment of claims arising from service contracts issued by the provider;
- (g) For the trustee to have the power to bring actions or proceedings against the provider to obtain the funds provided for by subdivision (e) of this section and any additional funds that may be necessary for the payment of claims and expenses arising from service contracts issued by the provider; and
- (h) That all funds received by the trustee pursuant to the default contingency plan shall be treated as trust funds and shall not be used for any purpose except as specified in subdivision (f) of this section.